

## Form LIC.DE 2 (Rev 02/2001)

## Producer Licensing Bureau

**P.O. Box 1139**

**Sacramento, CA 95812-1139**

**Information (800) 967-9331 or (916) 322-3555**

**Order Date:****Telephone #:****Postal Delivery Address:**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
LX	Life Agent	MC	Motor Club Agent
LXLP	Life – Limited to PreNeed	PF	Part Time Fraternal
FX	Fire and Casualty Broker-Agent	PJ	Public Insurance Adjuster
BA	Bail Agent	L%	All Life Quals.
BP	Bail Permittee	B%	All Bail Quals.
BS	Bail Solicitor	CS	Cargo Shipper’s Agent ALL
All	Qualifications (no restrictions)		

INDV Individual Agents only AGY Agencies Only

<b>YOUR ORDER LIST (completed by customer)</b>	<b>RETURNED OUTPUT (completed by CDI)</b>
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<i>Name:</i>	<i>NAIC# - FEIN#</i>	<i>Qualification Code</i>	<i>Option(s)</i>	<i>Returned File Name(s)</i>	<i>Zero record indicator</i>
<i>Sample:</i> <i>Company ABC</i>	<i>23451</i>	<i>LX</i>	<i>INDV</i>	<i>Completed by CDI</i>	<i>Completed by CDI</i>
<b>TOTAL ORDER AMOUNT</b>					
<b>SALES TAX*</b>					
<b>TOTAL DUE TO: California Department of Insurance</b>					

For further listing inquiries please call (916) 492-3063. This is a voice mail, mail box only.  
Or E-mail the Producer Mailing List Technician @ [listings@insurance.ca.gov](mailto:listings@insurance.ca.gov) at the  
State of California Department of Insurance Producer Licensing Bureau for more information.